

# FOCUS

RALPH H. JOHNSON MEDICAL CENTER

# VA

[www.charleston.va.gov](http://www.charleston.va.gov)

FALL 2008

**Around the VA**  
**NEWS YOU CAN USE**

**Suicide Prevention**  
**WHAT WE'RE DOING & HOW**  
**YOU CAN HELP**

**COGNITIVE**  
**BEHAVIORAL THERAPY**  
*Remembering To Forget*

## director's letter

We've improved again! The Ralph H. Johnson VA Medical Center is now ranked 10<sup>th</sup> overall among all VA's and 2<sup>nd</sup> for clinical quality of care! Improved access, a clear focus on meeting our veterans' needs, and our unwavering commitment to providing the very best care anywhere are proving to be the right recipe for giving you the very best VA in the nation.

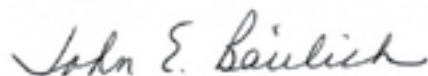
We have added several providers and expanded many clinics to better serve you. Now we are making plans to locate some services at the former Naval Hospital which will help us expand specialty care at the downtown campus while bringing primary care and outpatient mental health closer to many of our veterans.

Customer service improvements such as valet parking and our newly remodeled inpatient units (4B North just opened!) are getting rave reviews from patients and visitors. Making it easier for you to get to your appointments and providing a beautifully-designed homelike environment is critical to your satisfaction and to your recovery.

Clinical quality of care has always been great at Charleston VAMC. Our team routinely does things like check for continuous positive airway pressure during sleep studies if apnea is indicated rather than taking the patient through more procedures. We are committed to getting to the bottom of medical issues the first time and to providing the right treatment for every veteran.

We are also leading the way in such treatment areas as Exposure Therapy, one of the most effective treatments to help people overcome Post Traumatic Stress Disorder. The results in this program are amazing and we are seeing more and more veterans return to symptom-free lives every day.

Simply, I am proud of our team, proud of our VA and proud to serve you.



John E. Barilich, MSW, MBA  
Director



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“The Ralph H. Johnson VA Medical Center is now ranked 10th overall among all VA's and 2nd for clinical quality of care!”



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*Focus VA* is a quarterly publication designed for Ralph H. Johnson VA Medical Center stakeholders. Its purpose is to inform, educate, entertain and generate new ideas. An official publication, *Focus VA* is printed using appropriated funds in compliance with federal regulations. Contents of *Focus VA* are not necessarily the official views of, or endorsed by, the U.S. Government, the Department of Veterans Affairs, the Veterans Health Administration or the Ralph H. Johnson VA Medical Center.

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# THE OPPORTUNE TIME FOR GROWTH



## *Opportunity is knocking and we're answering the door!*

The Ralph H. Johnson VA Medical Center is moving some of its Primary Care and Mental Health services from the downtown hospital to the Naval Health Clinic (former Naval Hospital) in North Charleston.

The move will bring Primary Care and outpatient Mental Health services closer to home for much of the patient population seen at the VA's downtown campus while allowing the medical center to expand much-needed specialty care. The downtown facility is the main hub for specialty services for veterans in the Lowcountry, who make up a significant portion of the projected South Carolina veteran population of 427,274.

"This move is going to give us some much needed breathing room in both primary care and specialty services to keep our provided health care growth in line with our expanding veteran population," said John Barilich, director of the Ralph H. Johnson VA Medical Center. "And we will have over 900 parking spaces for veterans and staff at the NHCC campus which makes life better for everyone."

Charleston VAMC's Emergency Department is just one of the services excited to see this growth opportunity. Since going to 24 hour, 7 days a week operation, they've seen exponential growth in need for care.

"In 2007 we saw approximately 9,000 patients. Now that we're 24/7, we're expecting to see upwards of 14,000 patients this year," said Dr. William Shelley, lead physician for the Emergency Department.

The Emergency Department is expanding, both in medical care staff and square footage. However, Shelley says the need to grow has to do with more than their expanded hours.

"Most of our patients are still seen during normal business hours. I think it would be incorrect to say our growth is mostly due to our expanded hours. I think our growth has at least as much to do with an expanding veteran population," said Shelley.

The primary care team move is the first step in a long-term plan that will reshape the healthcare footprint of the Ralph H. Johnson VA Medical Center in the Lowcountry.

"The long-term plan is to move the majority of primary care services currently provided at the main campus hospital to the Naval Health Clinic," said Barilich. Recently VA Secretary James B. Peake, M.D. approved a proposal to acquire the NHCC complex, which is the first step in the process. In August the VA and NHCC agreed to establish a joint Orthopedic Clinic at NHCC to serve veterans and DoD beneficiaries in the greater Charleston area. Other sharing opportunities are now being explored with our DoD partners.

"When opportunity for expansion like this knocks, we have to open the door as wide as we possibly can," Barilich said. "We're willing to put the work in so we go home at the end of the day knowing that we're doing our absolute best to provide healthcare second to none to our veterans."

# VA ANNOUNCES

## Online Claims Applications

Online applications are now accepted from veterans, survivors and other claimants

filing initial applications for disability compensation, pension, education, and vocational rehabilitation and employment benefits without the additional requirement to submit a signed paper copy of the application.

Effective immediately, VA will now process applications received through its on line application website (VONAPP) without the claimant's signature. The electronic application will be sufficient authentication of the claimant's application for benefits. Normal development procedures and rules of evidence

will still apply to all VONAPP applications.

VONAPP ([www.va.gov/onlineapps.htm](http://www.va.gov/onlineapps.htm)) is a Web-based system that benefits both internal and external users. Veterans, survivors and other claimants seeking compensation, pension, education, or vocational rehabilitation benefits can apply electronically without the constraints of location, postage cost, and time delays in mail delivery.

For more information about VA benefits, go to VA's website at [www.va.gov](http://www.va.gov) or call our toll-free number at 1-800-827-1000.

## Welcome HOME

Charleston VAMC's Seamless Transition Team held its first Welcome Home outreach for combat veterans returning from Iraq and Afghanistan during Charleston Air Force Base's air show. The Seamless Transition Team, which recently expanded to include case managers and other support personnel in the Savannah area as well as in Charleston, works to ensure veterans move smoothly from the Department of Defense into the VA for their healthcare. Returning combat veterans may contact the Seamless Transition Team at (843) 789-6565.



## A GARDEN

## Where Hope Blooms

Returning veterans to productive healthy lives is the goal of every program at Charleston VAMC. That is why the Day Hospital is focusing on recovery for veterans living with mental health disorders such as schizophrenia through activities like gardening. Veterans cultivated cucumbers, tomatoes, green peppers, squash, zucchini and a variety of herbs in their new container garden this summer, learning to care for the plants and benefiting from owning and directing the effort. Local Recovery Coordinator Jamie McDonagh, Psy.D. explained veterans benefit from taking ownership and establishing self-direction in daily tasks which can help lead them improve their quality of life.

## INPATIENT UNIT



## FEELS LIKE HOME

The newly renovated 4B North inpatient unit opened in late summer to the delight of staff and patients. Director John Barilich (right) takes a look at one of the new rooms with Associate Director Nancy Campbell (left) and 4B North Nurse Manager Ray Kornegay. The renovation includes private and semi-private patient rooms, a Spinal Cord Injury room, and the latest in lift technology. Computer work stations are also located along each corridor allowing nursing staff to remain closer to their patients. The atmosphere features a homelike décor designed for maximum patient privacy and comfort.



U.S. Air Force photo by Master Sgt. Andy Dunaway

## POST TRAUMATIC STRESS

*Is there hope?*

He was only 19 when he landed in Iraq. As soon as his boots hit the ground he was off on patrol, caught in a firefight. Three of his buddies were blown apart in front of his eyes. After two short months he had seen so much death and destruction he simply started to shut down his emotions just to get through one more patrol, one more day. Then it happened. The IED exploded when he rolled over the pothole. The blast was deafening, the jolt heart stopping, and his last thought was, "I'm not going to make it home."

Like so many Soldiers, though, he did make it home. And even though he survived, he seems to have no future beyond nightmares, getting drunk to forget what he saw, and passing out only to relive the horror in his dreams again.

But there is a way to stop the nightmares. It's called Cognitive Behavior Therapy. And at Ralph H. Johnson VA Medical Center it's helping combat veterans overcome PTSD and realize there is a future ...

*there is hope.*



# Facing Your Fears

## TO OVERCOME PTSD

By Kathy Jenkins, RN, MSN

Combat veterans are at special risk for developing Post Traumatic Stress Disorder (PTSD). PTSD is an anxiety disorder that can occur after you have been through a traumatic event. A traumatic event is often hallmarked by thinking that your life or others' lives are in danger and fear that you have no control over what is happening. After the event you may feel scared and angry and may experience intrusive uninvited memories about the traumatic experience. If these feelings don't go away or they get worse, you may have PTSD. These symptoms may disrupt your life, making it hard to continue with your daily activities.

### REASONS FOR PTSD

PTSD symptoms arise when the brain is not prepared for what is experienced. The brain is built to process experiences and when traumatic events happen sometimes the brain does not know where to store or log this data. Because many traumatic experiences are associated with bad memories, people often try to actively avoid those memories. The crux of the problem is that avoidance makes it even more difficult to process (and "get over") the experience. Moreover, if someone is actively trying to suppress memories, the memories tend to creep up in the form of flashbacks or intrusions.

People experiencing PTSD often suffer from an overinflated sense of danger and limit their activities outside the home to lessen their anxiety. For our veterans this type of avoidance gets in the way of the brain re-learning that civilian life is not inherently dangerous like combat.

### WHAT IS EXPOSURE THERAPY?

Exposure therapy is a type of cognitive behavior treatment known to reduce PTSD symptoms. It was first developed for PTSD in the early 80's but the use of exposure-oriented therapies to treat anxiety disorders has a long and successful history in the field of psychology.

The goal of the treatment is to face fears in a safe and supportive environment so that the brain can cognitively and emotionally process the memories and fears. Memories that are appropriately processed cease to be intrusive or to cause nightmares. The therapy is not dangerous and has helped thousands of people with PTSD return to their pre-trauma mood and functioning.

For the past two years, Dr. Peter W. Tuerk, clinical psychologist at the Ralph H. Johnson VAMC has helped patients with PTSD through Exposure Therapy. He currently serves on the Post Traumatic Stress Clinical Team.

Dr. Tuerk uses two broad pillars to treatment - what the patient is avoiding in his mind (memories) and what the patient is avoiding in reality (shopping malls, crowds). Dr. Tuerk uses these pillars to make lists with his veterans of what they are avoiding. Through storytelling the patient learns how to identify and assess anxiety in his mind and body and learns how to self-rate anxiety. As the patient repeatedly retells the story, more details will surface. One of the goals is to make the patient bored of what he fears.

"You can't be bored and anxious at the same time, it's impossible. If you get bored during the treatment then you are not anxious," said Dr. Tuerk.

Sometimes, smells, visuals, or audio clips are used to help people engage their memory. People will habituate to, or become bored of, anything that is not dangerous with enough exposure. Memories are not dangerous. Neither is a trip to the mall or dinner in a restaurant. But PTSD makes people feel as if these things and places are dangerous, so they avoid them resulting in little or no opportunity to re-learn that they are safe. It is a cycle that reinforces itself. But with enough exposure, the anxiety response is extinguished.

*story continues on page 9*

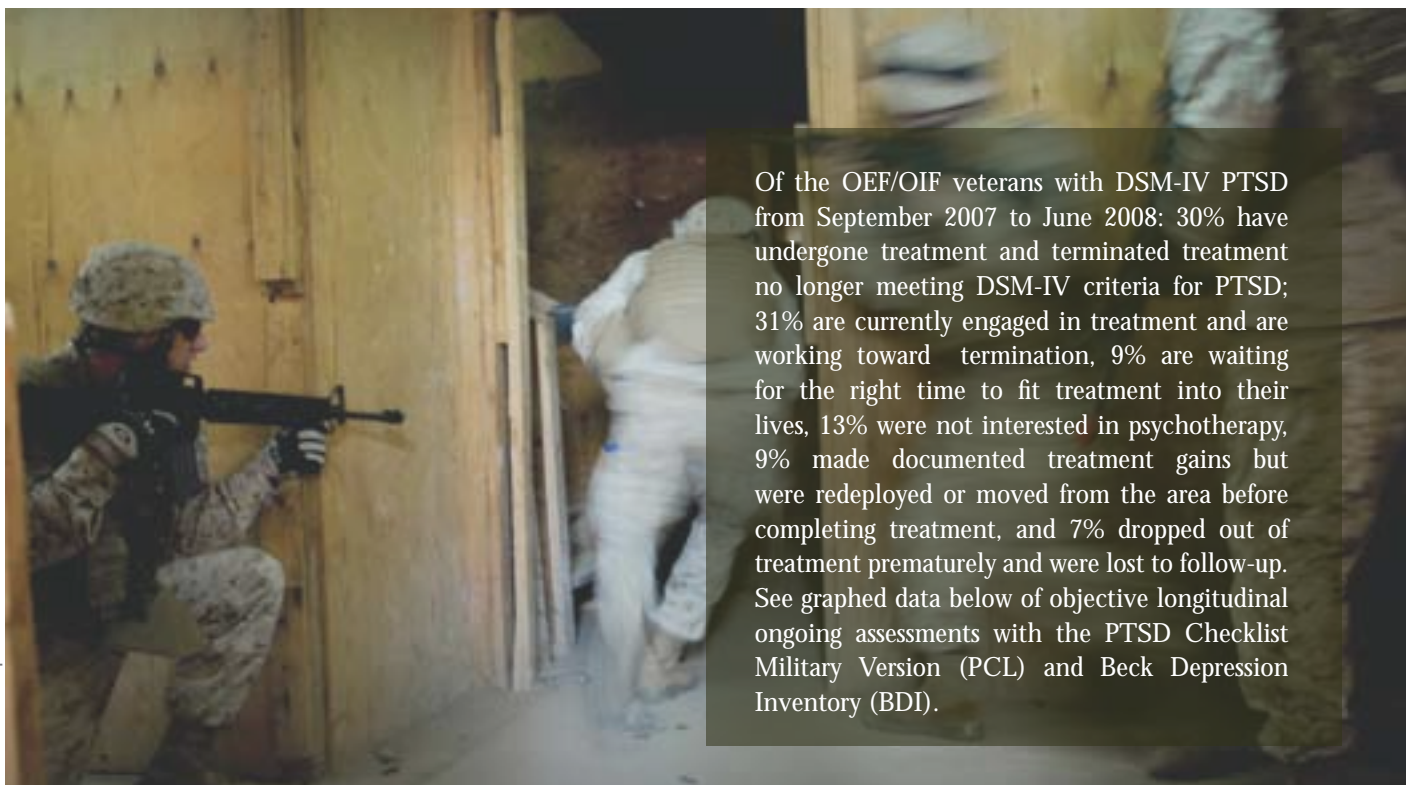


Dr. Peter W. Tuerk

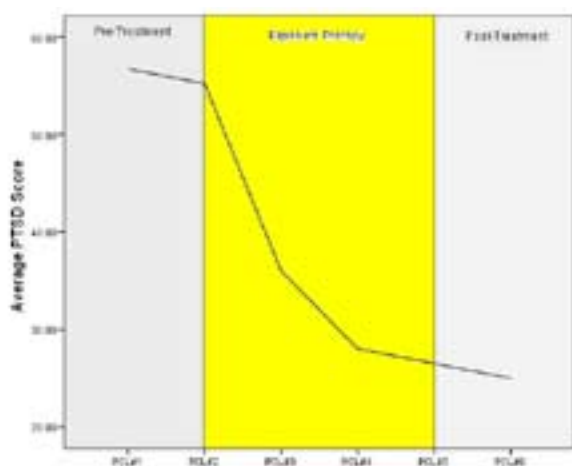


DoD photo by Lance Cpl. Jason T. Guiliano, U.S. Marine Corps

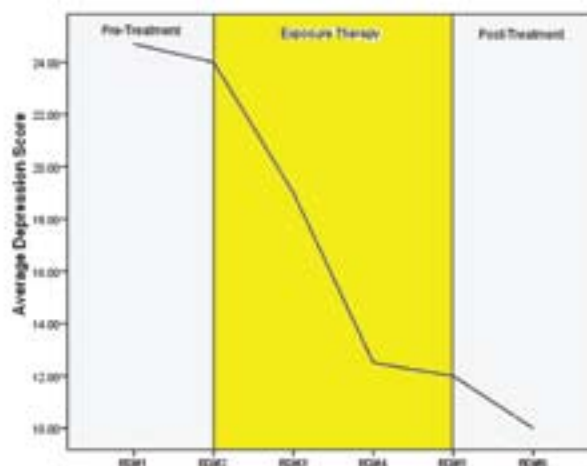
Official DoD photo



Of the OEF/OIF veterans with DSM-IV PTSD from September 2007 to June 2008: 30% have undergone treatment and terminated treatment no longer meeting DSM-IV criteria for PTSD; 31% are currently engaged in treatment and are working toward termination, 9% are waiting for the right time to fit treatment into their lives, 13% were not interested in psychotherapy, 9% made documented treatment gains but were redeployed or moved from the area before completing treatment, and 7% dropped out of treatment prematurely and were lost to follow-up. See graphed data below of objective longitudinal ongoing assessments with the PTSD Checklist Military Version (PCL) and Beck Depression Inventory (BDI).



This chart represents all patients who engaged in treatment and for whom at least three points of measurement were collected (N=30). PCL stands for Post Traumatic Stress Check List Military Version and is given, on average, about every 2 weeks while a patient is in treatment.



This chart represents all patients who engaged in treatment and for whom at least three points of measurement were collected (N=30). This self report questionnaire is given, on average, about every 2 weeks while a patient is in treatment.

Caveats for chart interpretation: These are clinical open-trial data mainly collected to inform individual treatment. As such there is variance in time between measurements, bias due to omission of scores of the patients who dropped-out or who otherwise did not have three points of measurement (n = 9), and the necessary omission of patients whose reading and writing skills made longitudinal self-report assessment prohibitive or a burden on the therapeutic alliance (n = 3). However, these charts do provide a good comparison group for OEF/OIF patients who are treatment compliers and completers.



“...the symptoms of traumatic stress can be dealt with and many symptoms can be eliminated altogether. Don't get hung up on the idea that Exposure Therapy is a horrible scary process---our therapists are well trained in the treatment and all patients maintain absolute control at every step of the process.”

Dr. Peter W. Tuerk,  
Clinical Psychologist

DoD photo by Tech. Sgt. Cohen A. Young, U.S. Air Force

## LIMITED TREATMENT SESSIONS, MAXIMUM BENEFITS

Everyone has a fight or flight response to danger. People with PTSD live with that response stuck in the 'on' position. Facing their fear triggers may be uncomfortable but it is not dangerous. Treatment helps reset the fight or flight button to help people feel less anxiety when they experience a trigger. They also learn to have more normal thoughts about triggers that are not real threats. A good example is instead of jumping over the couch to take cover when a car backfires, the person will recognize the noise for what it is. One of the greatest benefits of participating in treatment is when the veteran sees himself becoming more comfortable and less anxious.

Treatment usually takes about six to twenty sessions, but it is case sensitive. After treatment there is often a three-month follow up visit. All sessions take place in Dr. Tuerk's office or in the office of other Post Traumatic Stress Clinical Team (PCT) therapists. The Charleston PCT is comprised of psychologists, psychiatrists, and social workers under the direction of Dr. Ron Acierno.

The main focus of the PCT is to assess and treat patients with PTSD, which usually involves educating patients on the treatment process, helping them feel comfortable with the treatment, identifying goals, and going at their pace. Many patients get better fairly quickly after beginning Exposure Therapy.

PTSD patients also often experience symptoms of depression. Dr. Tuerk noted that in many cases, depression declines as PTSD symptoms decline. That is, Exposure Therapy reduces PTSD, and that reduction is associated with an improved mood and less or no depression. Dr. Tuerk also believes that Exposure Therapy can be a useful tool in helping patients to decrease their substance abuse, especially if their primary reason for abusing is to avoid memories and stay calm.

"The take home message is—the symptoms of traumatic stress can be dealt with and many symptoms can be eliminated altogether. Don't get hung up on the idea that Exposure Therapy is a horrible scary process—our therapists are well trained in the treatment and all patients maintain absolute control at every step of the process. More importantly, it feels good to get better, and patients generally feel good about themselves when they are doing it," Dr. Tuerk said.

*Editor's Note: The Charleston PCT has received awards for excellence from VA Southeast Network (VISN 7), has been identified by SOARS for innovation and strong clinical practices, and is emerging as a leader in the national effort to implement state-of-the-art interventions for PTSD.*

# A better night's rest COULD MEAN BETTER HEALTH



You wake up and feel like you never slept. Your snoring keeps everyone else in the house awake. You may even nod off at a stoplight when driving home. The bottom line is you need a better night's rest – not just because you're tired of being tired but because it could improve your health.

Approximately 40 to 60 percent of patients with hypertension have underlying sleep apnea and 60 percent of patients hospitalized with congestive heart failure have sleep-disordered breathing, according to Ralph H. Johnson VAMC Sleep Lab Technician Terry Gries.

"More and more physicians are referring patients to the sleep lab as a result of recent research linking apnea to a variety of other health problems, including heart disease," said Gries, which led the medical center to double the size of its lab in recent months.

Fifteen years ago Charleston VAMC started studying sleep with a two-bed lab. Now the lab has been expanded to four beds to provide studies for its rapidly growing number of patients.

"Cardiology has been the key to the recent sleep medicine explosion," Gries said.

According to the American Academy of Sleep Medicine, more than 70 million Americans suffer from disorders of sleep and wakefulness — nearly 60 percent of them chronic. Sleep apnea, a breathing disorder that afflicts more than 18 million Americans, remains undiagnosed in approximately 10 million more of us in the United States.

Sleep apnea is caused by a blockage of the airway, usually when the soft tissue in the rear of the throat collapses and closes during sleep. With most apneas, people are never able to relax because they have to wake up to resume breathing.

For cardiology patients, the great news is it's been demonstrated that if you resolve the underlying sleep disorder, you can decrease the number for hospital readmissions for these very high-risk patients.

## Counting ZZZ's

Once a patient arrives at the sleep lab, they are hooked up to several monitors with small wires attached to sensors. The sensors are placed all over the head, face and legs. The staff directs a video camera on the patient and fits them with a brace to measure chest movement. Then the patient goes to sleep.

To help study subjects nod off, Gries said, the Sleep Lab is located in a soundproof room in the medical center and is equipped with homelike amenities, such as comfortable beds and cable TV.

Unlike most sleep labs, though, the Ralph H. Johnson VAMC performs a split study, meaning if sleep apnea is detected during the study the technician will immediately start a continuous positive airway pressure (CPAP). CPAP is the primary nonsurgical treatment option for snoring and apnea patients. The technician measures the

patient's sleep patterns remotely and varies the air pressure in the CPAP to maximize sleep. About a week later, the patient receives his sleep study results from the lab and treatment options are discussed with his doctor.

"Sleep disorders are impossible to self-diagnose (because you are unconscious when it happens), and its symptoms are easily explained by other possible factors," explained Gries. "If you have symptoms, ask your Primary Care physician to refer you to the Sleep Lab and let us help you sleep better."

“More and more physicians are referring patients to the sleep lab as a result of recent research linking apnea to a variety of other health problems, including heart disease.”

Terry Gries  
Sleep Lab Technician







# RECOGNIZE THE SIGNS OF SUICIDE

Do you care about a veteran?

If your answer is yes, then congratulations – you’ve just signed up to join one of the most important operations in veteran health care. As a member of Operation S.A.V.E. you have a very specific goal: suicide prevention.

Frequent long deployments. Operating in hostile environments. Extreme stress. Service related injuries. All part of daily life for service members. And all part of the reason that male veterans are twice as likely as civilians of either gender to commit suicide.

On average, the U.S. loses 5,000 veterans every year to suicide. But it doesn’t have to.

While the signs and symptoms of suicidal thinking range from the more obvious, like threatening to hurt or kill oneself, to the more difficult changes to gauge, like hopelessness or the intent to seek out reckless or dangerous activities, there is something you can do.

Operation S.A.V.E. is a nationwide VA effort to educate people across the country and have them take an active role in suicide prevention. S.A.V.E. teaches you to recognize the Signs of suicidal thinking, Ask questions, Validate the veteran’s experience, Encourage treatment and expedite help.

## *and S.A.V.E. a Life*

“It won’t be a single sign that will start blinking a warning light demonstrating that a veteran requires help. It will most likely be multiple indicators painting a picture of need,” said Dr. Mark De Santis, Suicide Prevention Coordinator at the Ralph H. Johnson VA Medical Center.

Simply recognizing that a veteran may be suicidal is only step one. Step two calls for action – one must ask questions. While displaying indicators of suicidal thinking does not necessarily mean the veteran is contemplating harming himself, it is extremely important to ask that veteran how he is doing.

To truly determine if a veteran is suicidal, one must interact in a manner that clearly communicates concern and understanding. This may mean casting personal discomfort aside and directly addressing the situation. Even though a conversation of such a personal nature may feel awkward, the concerned individual must remain calm, listen more than speak, use supporting and encouraging comments and be as honest and up front as possible.

It is important to ask if the veteran is thinking of harming himself without implying the hope for a negative response. An example of this would be “you aren’t thinking of killing yourself are you?”

It’s also important to keep any surprise or amazement concerning the veteran’s situation out of the conversation. An example of this

*story continues on page 12*



incorrect method of questioning would be “my goodness – you aren’t going to kill yourself are you?”

“The most difficult S.A.V.E. step is asking the most important question of them all. Are you thinking of killing yourself? You must do this carefully, directly and simply.” said De Santis.

Asking a veteran if he or she is going to kill him or herself should only happen after one has gathered enough information to reasonably believe the veteran is suicidal. It should only happen at an appropriate time and place and in a way that is natural and flows with the conversation.

What if the question has been asked and fears are confirmed? The next important step in getting the veteran the help they need is validating their experience. The veteran has just admitted what is most likely one of their most closely kept confidences. Validation is a must! Accept the situation for what it is, never pass judgment, let the veteran know that the situation is serious and that help is available. Let him or her know you are there to help.

Now it is time to encourage treatment. There are trained professionals at the VA to help veterans work through their unique and troubling experiences. Tell the veteran that getting treatment is his or her right, and is no different than seeking treatment for any other medical problem. If the veteran tells you they sought treatment in the past to no avail try asking “what if this time it does work?”

Now is the time to expedite getting help. If the veteran is cooperative, escort him or her to the emergency room at the Ralph H. Johnson VA Medical Center, now open 24 hours a day 7 days a week (sound judgment may require taking the veteran to the nearest ER facility). If the veteran is uncooperative and/or hostile call 911 and request assistance immediately.

“Any indication that a veteran is indeed contemplating suicide equates to a need for immediate assistance. It will be up to you to ascertain as to whether you or the police need to escort the veteran to the emergency room – preferably here at the Charleston VAMC where our providers are the most finely tuned to the needs of our former service members.” said De Santis.

The reality is that most people who die by suicide have communicated some intent. Most suicidal ideas are associated with the presence of underlying treatable disorders. Providing a safe environment for treatment of the underlying cause can save a life. If you can help the person survive the immediate crisis and overcome the strong intent to die by suicide, you have gone a long way toward promoting a positive outcome – you may just S.A.V.E. a life.



“It won’t be a single sign that will start blinking a warning light demonstrating that a veteran requires help. It will most likely be multiple indicators painting a picture of need.”

Dr. Mark De Santis  
Suicide Prevention Coordinator



### Suicide Hotline 1-800-273-TALK

Tell them you’re a veteran, or concerned about a veteran for specialized assistance.

### Suicide Prevention Training for VSOs and Community Organizations

Ralph H. Johnson VA Medical Center is offering Suicide Prevention Training to all VSOs and community organizations to allow us all to care for our veterans. If your group would like to schedule a training session, contact Suicide Prevention Coordinator Dr. Mark DeSantis at (843) 577-5011.

### Suicide: Factors That May Increase Risk

- Thoughts about harming self that include plan and method
- Previous suicide attempts
- Alcohol and substance abuse
- History of mental illness
- Poor self-control
- Hopelessness
- Recent loss (loved one, job, relationship, etc.)
- Family history of suicide
- History of abuse
- Serious health problems
- Sexual identity concerns
- Recent discharge from hospital, group home, etc.
- Demographic factors: white men over 70 years of age are at increased risk

### Veteran Specific Risks

- Frequent deployments
- Deployments to hostile environments
- Exposure to extreme stress
- Physical/sexual assault while in service (not just women)
- Length of deployment
- Service related injury

# DAV CHAPTER 17 TO THE RESCUE!



The old Summerville DAV van was recently forced to retire after many years, and many miles, of loyal service. Recognizing the importance of the service to our veterans who depend on the shuttle, Charleston DAV Chapter 17 donated this brand new replacement!

*Thanks so much!*

**150,000 miles + Selfless Devotion =**

*Veterans who Benefitted*

Joseph Hardee, a Loris DAV Van Driver, recently received a National Commander's Citation from that organization for a fantastic achievement! Hardee has surpassed the 150,000 miles driven mark in his volunteer post.

Hardee's dedication to drive the DAV van from Loris to Charleston has benefitted countless veterans needing to travel to the main VA Medical Center for specialty care, but without the means to get there.

The commendation notes Hardee's "selfless devotion and steadfast commitment to America's disabled veterans." Hardee has been driving the Loris DAV van for nearly 15 years!



Joseph Hardee, and Carolyn Martel, Chief of Voluntary Service

## HOLIDAY GIFTS for Veterans

We know that many of you anticipate the holiday season as a special time to reach out to Lowcountry veterans here at the Ralph H. Johnson VA Medical Center. Wow, do we appreciate it! However, due to the special needs of our patients and our necessary vigilance regarding infection control we respectfully request that if you're planning to give to our veterans, you give in the form of a cash donation to Voluntary Service. With your cash donations we can get more for less (government discounts through approved vendors!) and ensure that our infection control standards are met. For more information call Carolyn Martel at (843) 789-7488.





Staff and volunteers alike celebrate at the combined Beaufort and Savannah volunteer recognition event, May 2008.

## fast facts

- Did you know? Our VA volunteers supported Echo Taps Worldwide by organizing more than 3,000 volunteers who participated in a cascading musical performance of Taps on Armed Forces Day to honor and remember America's veterans.



Volunteers and their guests gathered at the Elks Lodge #242 in West Ashley to celebrate their each other's spirit of giving in April 2008.



You can't keep a good volunteer down! Frances "Gerry" McKinnon shares a hug with Carolyn Martel at the celebration held in Myrtle Beach. McKinnon returned to volunteering this year after recovering from a fall.



Good food and good fun at the Myrtle Beach volunteer recognition in May 2008.

## fast facts

- Did you know? This past year our volunteers provided support to our newest veterans returning from Operations Iraqi Freedom and Enduring Freedom by coordinating Welcome Home celebrations and using donations to provide lodging and other services for these former servicemembers and their families.





## A Letter from the Chief of Voluntary Service

I would like take this opportunity to pay tribute to a most deserving group of fellow citizens— those who give tirelessly of themselves to build a better community and in turn a better nation. I'm talking about the men, women and young people who volunteer their time and energy to provide care for America's patriots, our veterans.

VA's voluntary service is one of the largest volunteer programs in the federal government. The numbers speak for themselves. During the last 60 years VA volunteers have donated 689 million hours of service worth an estimated \$12.9 billion dollars.

We here at the Ralph H. Johnson VA Medical Center couldn't provide the high quality of service that is our standard without you. National Volunteer Week is a wonderful time to showcase the impact and power that volunteers have on those they serve. The National Volunteer Week theme this year is "Volunteers, The Heart of the Community." Our volunteers are just that. They change the lives of the veterans they serve each and every day.

To keep up this good work we must continually look at ways to improve volunteer recruitment and retention. This past year VA voluntary service lowered the volunteer turnover rate by 25 percent – a significant accomplishment; but just a first step. We need a new generation of volunteers to back up our aging volunteer force. I encourage volunteers and staff alike to share their VA experiences with friends and neighbors. Tell them what you do and invite them here for a visit!

To our volunteers, I offer my humble gratitude for your great acts of kindness and the positive impact you have on veterans' lives and the work of VA employees each and every day. Our goal is the best care anywhere and we couldn't do it without you!

*Thank you all!  
Carolyn Martel*

# IMPORTANT VA PHONE NUMBERS

## **Charleston VA Medical Center**

843-577-5011 or toll free 1-888-878-6884

## **Telephone Advice Line**

843-789-6400 or toll free at 1-888-878-6884

Veterans who need medical advice from their Primary Care provider or have questions about their medications can call the TAP line Monday through Friday from 8:00 a.m. to 4:00 p.m.

## **Scheduling an Appointment**

843-789-6500 or toll free at 1-888-878-6884

Veterans who need to schedule, cancel or reschedule an appointment for all Primary Care Clinics including Myrtle Beach, Savannah, Beaufort and Goose Creek can call Monday through Friday from 8:00 a.m. to 4:00 p.m.

## **Automated Prescription Refill Line**

843-577-5011 extension 5220 or toll free at

1-888-878-6884 extension 5220

Veterans who need to request a refill of a prescription or check the status of refills can call 24 hours a day, 7 days a week. Have your social security number and prescription numbers ready when calling.

## **VA Benefits (other than healthcare)**

1-800-827-1000

Veterans who need information on VA benefits including VA pension and compensation, home loans, and education can call the VA Regional Office.

## **Billing Questions**

1-866-258-2772

Veterans who have questions about a bill received from the Charleston VA Medical Center can call the VA Revenue Center.

*For more information on VA related topics visit [www.charleston.va.gov](http://www.charleston.va.gov)*



Ralph H. Johnson VA Medical Center  
109 Bee Street  
Charleston, SC 29401

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